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## Facsimile Transmission Form

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<b>From:</b>	Robert D. Atkins	602-229-5690	602-229-5311
<b>Re:</b>	USSN: 10/725,951 Date of Filing: 12/2/03 Applicant: Slowinski, Peter		

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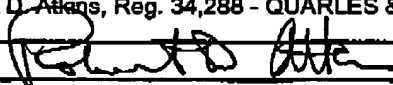
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/725,951	
	Filing Date	December 2, 2003	
	First Named Inventor	Peter Slowinski	
	Art Unit	To be assigned	
	Examiner Name	To be assigned	
Total Number of Pages in This Submission	2	Attorney Docket Number	118729.00002

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**REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY**

Application Number	10/725,951
Filing Date	December 2, 2003
First Named Inventor	Peter Slowinski
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	118729.00002

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

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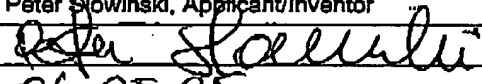
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Peter Slowinski, Applicant/Inventor		
Signature			
Date	06.05.05	Telephone	480-502-4457

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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